CSAP Implementation Guide

Hispanic/Latino Natural Support Systems

Office of Minority Health
Resource Center
PO Box 37337
Washington, DC 20013-7337

SAMHSA

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
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Foreword

Hispanic/Latino Natural Support Systems is the direct result of the High-Risk Youth Hispanic/Latino Cluster's desire to promote culturally sensitive approaches to persons and groups involved in efforts to prevent the use of alcohol, tobacco, and other drugs (ATOD) by Hispanic/Latino youth. The guide is intended to share knowledge about the Hispanic/Latino community with service providers and help them develop effective prevention services responsive to the values and norms of the community they serve.

ATOD use does not occur in a vacuum. Rather, the community nourishes the psychological, spiritual, physical, and economic well-being that plays a critical role in guarding against the abuse of alcohol and other drugs. Within the Hispanic/Latino community, informal systems of support, or natural support systems (NSSs), often make up the core of this social, spiritual, and economic support. Specifically, support systems use the resources, earned authority, and respect of members of the community to influence people in regard to their physical, emotional, and spiritual health. For these reasons, Hispanic/Latino youth at risk for ATOD use benefit most from an integrated prevention program that incorporates both formal and informal systems of support.

Adding support systems to the prevention program conveys many benefits. The program becomes more cost-effective by expanding the scope of resources available to the prevention worker. Coordinating these additional resources with existing ones then results in a more systematic approach to prevention. Likewise, the partnership between the community and external resources enhances the likelihood that the benefits of the comprehensive prevention program will continue once external funding ceases.

Further, the participation of the community provides a culturally responsive needs assessment and legitimizes services. The community is empowered as it plays a determining role in the organization, planning, and implementation of the prevention program. And last, the collaboration between formal and informal service providers increases the community's knowledge and skills in addressing the underlying social and political factors that influence ATOD use.

Before the publication of this document, the theory and practice of community NSSs had not been considered in a thorough and systematic manner. This guide presents a simple, user-friendly methodology on how to encourage collaboration between formal and informal prevention service providers. The guide examines the rationale for using NSSs, describes how they function within the Hispanic/Latino community, and illustrates how integrating them with conventional prevention practice can improve the quality, effectiveness, and longevity of the overall prevention program. The publication concludes with concrete strategies on how to identify and access NSSs in your community.

The draft of the guide has been reviewed and endorsed by several Hispanic/Latino ATOD experts. Communities that apply the methodology described herein will gain knowledge and skills to prepare themselves for the advent of the Enterprise Zones and Community Empowerment Program.

Working together, in partnership with families and the community, those involved in ATOD prevention efforts will prove that Prevention Works!

Elaine M. Johnson, PhD
Director
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Acknowledgments

Hispanic/Latino Natural Support Systems was prepared by the Division of Demonstrations for High-Risk Populations, Center for Substance Abuse Prevention (CSAP), and published by the Division of Public Education and Dissemination. The primary objective of this guide is to report on a promising prevention strategy that is both culturally sensitive and cost-effective. The information within is intended for all professionals involved in ATOD prevention efforts, including counselors and prevention workers, community leaders, researchers, program planners, and educators.

This guide was written by Annie Acosta, MSW, and Vicki Hamel, MA, of CDM, Inc.

Publication of this guide is the result in large part of the persistent efforts of Eladio Pérez, CSAP project officer. His initial conceptualization of Hispanic natural support systems and his conviction regarding the value of integrating these systems with existing prevention services fueled the development of the guide. The contents of this publication also reflect the combined efforts and direction of the High-Risk Youth Hispanic/Latino Cluster.

The authors gratefully acknowledge the work of Melvin Delgado, PhD, author of the thorough and comprehensive report, *Natural Support Systems as Substance Abuse Prevention Strategies Among High-Risk Hispanic Youth,* on which this guide is based.

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Overview and Philosophy

The Hispanic/Latino community is the youngest and fastest growing ethnic population in the United States. By the year 2000, Hispanics/Latinos will make up nearly 11 percent of the U.S. population. This growing and diverse community brings with it distinct cultural values and orientations, presenting a variety of new alcohol, tobacco, and other drug (ATOD) prevention needs.

Much of current prevention theory and practice reflects values and norms that are often inadequate or inappropriate for Hispanic/Latino populations. Effective strategies for Hispanics/Latinos should move beyond traditional approaches to prevention services and identify and capitalize on the strengths of this culture.

To this end, the Center for Substance Abuse Prevention (CSAP) is providing this guide to grantees to (a) highlight specific characteristics of the Hispanic/Latino community that affect prevention strategies; (b) define natural support systems (NSS) and describe how their integration with conventional prevention practice can improve the prevention program; and (c) help grantees identify, assess, and access these natural resources in the communities they serve.

What Do We Know About Hispanics/Latinos?

History

The term *Hispanic* is used by the U.S. Bureau of the Census to designate persons residing in the United States who were born or trace their cultural origins to Mexico, Puerto Rico, Cuba, Central America, other Spanish-speaking Latin American countries, or Spain. Since the designation includes people from all racial categories, the Census Bureau defines Hispanics as an ethnic group rather than a race. This publication uses the terms *Hispanic* and *Latino* together to accommodate different terms of self-identification.

Although the Hispanic/Latino presence in the New World dates back to 1492, when Christopher Columbus arrived under the mandate of Queen Isabella of Spain, Spanish explorers actually settled in what later became Florida, Texas, California, New Mexico, and Colorado in 1513. The Mexican-American War of 1846 and the annexation of much of the Southwest resulted in a large increase in the number of Hispanics/Latinos living in the United States. Between 1910 and 1920 these Mexican Americans were joined by another group fleeing the revolution in Mexico. Yet another boost in the Hispanic/Latino population occurred in 1940, as large numbers of Mexicans entered the United States to supply cheap labor for agriculture, railroads, and manufacturing.

Hispanic/Latino groups also were incorporated after the 1898 Spanish-American War, when the United States took possession of Puerto Rico and Cuba. While Cuba was later granted independence, Puerto Ricans were given U.S. citizenship with the passage of the Jones Act in 1917. This new status allowed them to move freely between the island and the mainland, although they had been moving to New York to seek employment since about 1900.

Cubans have been in the United States since the late 1800s, although the largest wave came as a result of Fidel Castro's 1959 revolution. Mostly well-educated, middle- and upper-class Cubans settled primarily in Florida in the 1960s. Their numbers grew again in 1980 with the boat lifts of lesser skilled and lower income persons from the Port of Mariel.

Recently, the greatest increase in the Hispanic/Latino population has been from Central and South America. Civil wars in El Salvador and Nicaragua, political turmoil in Guatemala, and troubled economies throughout Latin America have been responsible for the continuing migration. Unfortunately, many of these people are unable to enter the country legally and are disproportionately represented in the Census Bureau's estimated 100,000 to 300,000 illegal immigrants each year.

As this brief history of Hispanic/Latino presence in the United States reveals, Hispanics/Latinos include a wide variety of nationalities. Moreover, this population includes subgroups with racial, religious, linguistic, ethnic, and socioeconomic differences. Reasons for emigrating—voluntarily, to improve employment opportunities and gain further education, or involuntarily, as a result of civil war or political turmoil—further distinguish members of this group, as does their legal status in this country. Involuntary and undocumented migrants face the greatest stress in adapting. An involuntary migrant must deal with the trauma that prompted the flight from the home country, and the undocumented, in spite of vulnerability to ATOD abuse, are unlikely to seek public services because of fear of deportation.

Finally, length of residence in the United States and the degree of acculturation also differentiate members of the community, even members of the same family. Like many immigrant groups, Hispanics/Latinos must contend with problems that may arise when their children reject the language, values, and culture of their native land. Children born in the United States may become resentful of their parents' desire to impose traditional beliefs and practices on them, particularly as their peer groups assume more influential roles in their lives.

Culture and Values

This great diversity makes it difficult to generalize about Hispanics/Latinos. Nevertheless, a few common characteristics are worth noting. Compared with the dominant culture in the United States, Hispanics/Latinos maintain more tra-

ditional family structures and observe more traditional gender roles. In addition, historical events have given many Hispanics/Latinos a distrust of government institutions, so they may relate to individuals on staff at an institution rather than to the institution itself. Finally, Hispanics/Latinos in general share many important values. The following are brief descriptions of some of these values.

Colectivismo (collectivism) is associated with high levels of personal interdependence, conformity, and sacrifice for the welfare of the group. Hispanics/Latinos generally differ in this orientation from the more individualistic, competitive, achievement-oriented mainstream culture.

Confianza (trust, confidence) is a critical element of interpersonal relationships. While *confianza* can be gained by virtue of personal and family reputations, it is usually earned over long periods of time and during times of crisis. *Confianza* is generally seen as a value of mutual benefit. This value is frequently manifested by the consumer behavior of Hispanics/Latinos who may travel greater distances or pay higher prices to do business with a known and trusted person.

Familialismo (familialism) is a term used by researchers of the Hispanic community to refer to the centrality of the family in Hispanic/Latino culture. The family structure often includes extended family and close friends considered family, such as *madrina* (godmother), *padrino* (godfather), *comadre* (co-mother), *compadre* (co-father), aunts, uncles, neighbors, cousins, and so on. Many Hispanics/Latinos continue to live with extended family and use the family network for support with child rearing, personal problems, and economic assistance.

Fatalismo (fatalism) embraces the belief that much of life is beyond one's control. This belief is manifested by the frequent expression *si Dios quiere* (God willing). Fatalism is often associated with the assumption of passive roles in dealing with negative situations.

Machismo (machismo) denotes strength, independence, masculinity, and responsibility in customary male behavior. Men are expected to be dominant, strong, protective, good providers, and authoritarian heads of their households. A recent *Washington Post* article (Morin 1993) cited a study that found that Hispanic/Latino men were more likely to want to marry than non-Hispanics/Latinos because of the importance that *machismo* attaches to raising a family. In recent years, however, *machismo* has taken on the negative connotations of sexism, chauvinism, and sexual aggression.

Marianismo (marianism) is a term used by researchers of the Hispanic community to refer to customary female behavior. Marianism values submissiveness, humility, tolerance, self-sacrifice, virtue, and devotion to the male. This value has eroded as Hispanic/Latino women have become more acculturated.

Orgullo (pride, dignity) among Hispanics/Latinos extends to the self, family, culture, and national identity. Recognizing the importance of this value is essential to developing positive relationships with Hispanics/Latinos.

Personalismo (good character, personable use of self) consists of using positive personal qualities to accomplish a task. This value may require asking about the family and health of the person with whom one is dealing before addressing the subject at hand. Unlike the more direct, detached style of the Anglo culture, Hispanics/Latinos value personal rapport in business dealings.

Respeto (respect) influences both personal and professional relationships. *Respeto* is evident in the language by the distinction between *usted* (you, formal) and *tu* (you, informal). When speaking to older persons, persons of distinction, and persons whom one does not know well, *usted* is the proper form of address.

Simpatía (simpatico or congenial attitude) is an approach to social interaction that avoids conflict and confrontation. To be *simpatico,* one is agreeable and strives to maintain harmony within the group.

Espiritualismo (spiritualism, holism) is sometimes reflected in the Hispanic/Latino culture by a blending of physical and mental health practices. Many religious beliefs, which vary among ethnicities and nationalities, combine belief in God with a belief in saints, psychic powers, and the spiritual world. For example, some Mexican Americans rely on *curanderos,* healers who use their professed God-given powers to treat conditions with herbs and other home remedies.

Understanding these values is critical to accessing and maintaining productive relationships with natural support systems. Later discussion and examples will refer to and clearly illustrate the role of these values in natural support systems.

What Are Natural Support Systems?

No comprehensive definition of natural support systems (NSSs) exists, but the term encompasses myriad formal and informal systems of care that help people in need. Broadly defined, NSSs are social structures that include family and friends as well as shopkeepers, vendors, folk healers, police, clergy, teachers, recreation volunteers, mutual help groups, community leaders, and social clubs.

Natural support systems are unique in that they are generally not recognized as part of a service provider system. Historically, prevention program elements have been compartmentalized and "professionalized" so that drug prevention programs are run by drug prevention professionals, education programs are run by educators, and health programs are run by medical professionals. NSSs, on the other hand, employ alternative sources of support by using the resources, earned authority, and respect of the community to influence people's physical, emotional, and spiritual health. For this reason, adding NSSs to existing prevention programs represents a more inclusive approach to service provision.

Rationale for Using Natural Support Systems

The human services field is leading the movement to more holistic approaches to health and mental services. Inspired in part by the public demand to make human services agencies more accountable and cost-effective, the field is pursuing greater coordination and collaboration among both formal and informal service providers. This new strategy also acknowledges the variety of interrelated factors that influence ATOD abuse and the social context in which it occurs. Specifically, the psychological, spiritual, physical, and economic well-being that plays a critical role in guarding against the abuse of alcohol and other drugs is nourished by the community. Thus, an examination of this social and cultural context should yield important clues as to which individuals might play key roles in successful prevention strategies. Support originating from within the community is particularly effective because of its cultural relevance, so productive ATOD prevention services need to capitalize on the strengths and resources available within each community.

Since NSSs and ATOD preventionists are natural partners in efforts to prevent and combat substance abuse, collaboration between them is critical to the success of any community-based program. This collaboration is particularly crucial for the Hispanic/Latino community, where NSSs often constitute the core of social, spiritual, and economic support.

Natural Support Systems and the Hispanic/Latino Community

A quick look at how NSSs function in the Hispanic/Latino community reveals the interrelatedness of this type of support and the cultural values previously discussed. In the field of social work, for example, Valle and Vega (1982) have shown that most Hispanic/Latino communities have natural helping networks that go beyond family and friends to include members of one's neighborhood. These networks provide a collective support system for individuals, a resource discussed earlier in the concept of *colectivismo.*

Other research on the use of these networks shows that they function on the interpersonal level by providing the emotional support necessary to develop positive mental health and healthy self-esteem. Hispanic/Latino NSSs thus help people maintain their identity and pride (*orgullo*).

In his book *Bonds of Mutual Trust,* anthropologist Carlos Velez-Ibañez describes *tandas,* networks that are built around a shared sense of *confianza.* These networks are mobilized to provide financial assistance when a financial emergency arises. Such support helps Hispanics/Latinos develop a sense of control over their environment and needs, and counterbalances the *fatalismo* mentioned earlier. Further, because of the reciprocal nature of this *confianza*-based assistance, Hispanic/Latino pride is not compromised by a feeling of dependency.

Markides and Krause's (1986) study of more than 1,000 families in San Antonio highlights another value evident in NSS use: *familialismo.* This study of three generations of families showed that the generations regularly assisted one another. Women often provided health care, and the older generation provided advice

and counseling. *Familialismo* also appears in Delgado's (unpublished manuscript) report in a concrete example of possible collaboration between agencies and providers and NSSs. He suggests that providers consider involving extended family members, neighbors, and friends in counseling sessions when clients have defined family along these extended lines.

Delgado cautions that gender (refer to *machismo* and *marianismo)* must be considered in planning and delivering services. For example, the appearance of impropriety that might result from a male natural support provider helping a female would be counterproductive to the assistance process. The more effective strategies are mindful of the client's level of conformity to the gender characteristics embodied in these values.

Folk healers and religious leaders are two other components of the NSS that may be accessed in working with clients inclined toward *espiritualismo.* Collaboration with these healers and leaders may provide insights on the client's perception of both physical and mental health.

Finally, because of the previously noted tendency of Hispanics/Latinos to relate to individuals on staff at an institution rather than to the institution itself, interaction between staff members and clients should incorporate the four cultural characteristics involved with this bonding process: *personalismo, respeto, confianza,* and *simpatía.* In other words, interaction characterized by personal rapport, mutual respect and trust, and a nonconfrontational approach can sensitively integrate these cultural considerations with preventive strategies.

This social bonding between caring program staff and youth at risk should not be overlooked as a significant resource to enhance a program's success. A recent General Accounting Office (1992) evaluation of substance abuse prevention programs found that this bonding plays an important role in lowering levels of drug use by youth.

In short, the cultural characteristics of the Hispanic/Latino community should guide service providers in assessing the resources available through NSSs. The value of NSSs, however, will depend on the segment of the population being served, its level of acculturation, and the availability of services in the community. For example, while some adults may use folk healers as part of their support net-

work, highly acculturated youth may disdain this resource and other indigenous systems of care. Conversely, less acculturated parents who rely heavily on NSSs may avoid formal services.

Undocumented Hispanics/Latinos, whose numbers are estimated to be several million, also avoid formal services. They are suspicious of government and strangers, and they live in fear of deportation. This same fear of being located by immigration authorities may also limit their social network, further complicating their NSS use. Additionally, much of this subgroup's NSS, including family and friends, has been left behind in the native country, so they are distinctly disadvantaged in terms of available support compared with those with legal resident status.

Migrant farmworkers constitute another group for whom very few publicly funded services are available. Migrant workers rarely stay in one place long enough to meet the residency requirements for Medicaid, Aid to Families with Dependent Children, and food stamps, so NSSs may be their only source of support.

Specific Benefits of NSS Use

Even for those groups that do have access to formal services, the benefits of including NSSs in the prevention program are considerable. Delgado summarizes these benefits as follows: (1) cost effectiveness—additional resources are added to the program and coordinated with existing resources; (2) social participation of the community—natural support providers identify needs and make referrals, and their participation legitimizes services to the rest of the community; (3) organizational effectiveness—NSSs provide culturally specific assistance and help organizations contact hard-to-reach clients.

The following case examples illustrate how the integration of NSSs with traditional support improves the overall prevention program.

> ***Case Example 1:*** Seventeen-year-old Rafael has been suspended from school for too many unexcused absences. He claims that he is often too tired to go to school after working in the neighborhood botánica in the evenings. The school counselor decides to contact Don Emilio, Rafael's boss and the botánica owner, to see how they might work together to help Rafael with school. Recognizing the authority and respect that Don Emilio has in the community, the counselor enlists his support in impressing upon Rafael the importance of education.

The counselor's collaboration with Don Emilio introduces a natural support system resource into the effort to increase Rafael's school attendance. Adding this element increases the *effectiveness* of the existing support (the counselor) by capitalizing on Don Emilio's potential influence. The program also becomes more *efficient* as the two people define roles and responsibilities, streamlining their services in this joint endeavor.

> ***Case Example 2:*** A small community health care agency received State funds to conduct an alcohol and drug education and prevention program. The agency did not have enough space to conduct presentations of any size, so the director of the agency contacted local churches for support. Staff visited officials from each church to help establish warm and trusting relationships between the agency and the churches. A plan was made to conduct social events in the church meeting rooms after services, during which agency staff could make drug and alcohol presentations. The churches were able to enlist the support of several parishioners in preparing food for the events.

This case example demonstrates how NSSs can provide concrete resources such as transportation, meeting places, food, advertising, and entertainment to human service providers. This logistical support can be invaluable to underfunded community-based agencies.

Case Example 3: A nonprofit agency was conducting an outreach effort to increase applications for Social Security Insurance. The purpose of the outreach campaign was to decrease homelessness among the mentally ill (including those dually diagnosed with ATOD abuse and mental illness) and to connect them to the network of mental health service providers. As the agency was not well known to the Hispanic/Latino community, the staff felt it was important to gain recognition and trust from the community before embarking on the outreach campaign. The project director personally contacted several of the Hispanic/Latino advocacy agencies, including legal services, tenant organizations, and other social and advocacy groups. These organizations agreed to promote the effort and placed posters and brochures in their offices. In addition, the nonprofit agency was able to recruit part-time outreach workers from the Hispanic/Latino agencies, workers who were already well known in the community.

In this example, the new, largely unknown, nonprofit agency benefited in several ways from the participation of Hispanic/Latino advocacy agencies in the outreach campaign. First, the respected Hispanic/Latino agencies legitimized the activities of the nonprofit by promoting and publicizing the nonprofit's work in the agencies' offices. Second, by referring appropriate candidates to the nonprofit and lending the services of well-known Hispanic/Latino outreach workers to the effort, the Hispanic/Latino agencies helped the nonprofit identify and contact hard-to-reach clients.

Case Example 4: An urban elementary school with a predominantly Hispanic/Latino student body conducted parent training classes. School administrators wanted the program to be culturally sensitive and relevant to the newly arrived population of Hispanic/Latino families. A questionnaire was mailed out to all Hispanic/Latino agencies and establishments in the community requesting their opinions and input. Key informants such as Hispanic/Latino teachers, child protective service workers, and religious leaders (*curanderos*, priests, *santeros*) were interviewed about community concerns over parenting issues. Feedback from these sources indicated that (1) the parenting classes should have breakout sessions to create separate men's and women's discussion groups; (2) parent group leaders should be well versed in the parenting culture of the parents' home countries; (3) the classes should be taught in a nonauthoritarian style and should include "fun" elements; and (4) the classes should emphasize the problems of acculturation to American society and appropriate disciplinary techniques. A meeting was arranged for these service providers (small stipends were paid to participants) at which they made presentations on their roles and perspectives regarding parenting issues.

NSSs were effectively used in this case to identify needs and share knowledge and information across disciplines. In addition, the culturally specific assistance enhanced both the relevancy and the sensitivity of the program.

Case Example 5: A community health clinic serving low-income Hispanics/Latinos found that its volunteer staff of physicians and nurses was declining. The clinic could not afford to pay for medical staff positions and was contemplating limiting health care services. The executive director of the clinic set up a lunch meeting with several community leaders to discuss the problem. During the meeting, a small restaurant owner commented that he knew a couple of doctors from Central and South America who were in the process of obtaining their licenses to practice medicine in this country. He believed they would be interested in volunteering their time and expanding their connections in the health care community while they waited for their U.S. medical licenses. The executive director contacted the two doctors, who agreed to help with patient histories, perform routine examinations, and share professional opinions, leaving diagnosis and prescription of medicines to the licensed physicians. The certified physicians thus were able to serve more patients.

The networking benefit of NSS use yielded additional resources for the community health clinic. The community leader's referral to the two doctors waiting for their licenses provided the bridge between the clients' need and the resource. Thus, NSSs can be used to bring people together to gain valuable information through focus groups, surveys, group interviews, and questionnaires.

Case Example 6: Several community residents and business people met with the local police to discuss the increasing vandalism by youngsters in their area. While all parties were interested in seeing an end to this behavior, they agreed that violent confrontations with the police would solve the problem only temporarily. All agreed that alternative activities were needed for the young people. The community group developed a rapport with the local youth, and created an atmosphere in which the youngsters felt comfortable expressing their desires. When the community group learned that the youth were very interested in playing soccer, people willing to lend expertise to the project were recruited. A local attorney found a boarded-up lot for a soccer field and facilitated arrangements to use it. The youth cleaned and fixed up the field, invited others to participate, and took up a collection for a local seamstress to make uniforms. A police officer volunteered to coach, and local restaurants set up food stands at the soccer games. Because of the youths' high level of participation and enthusiasm, as well as that of the rest of the community, the weekend games and daily practices were highly successful and have continued while other formal programs have come and gone.

In this example, police efforts alone would have been inadequate to resolve the vandalism problem. However, with the active involvement of NSSs, needs were identified (alternative activities and the logistical support these entail) and corresponding resources were provided by the community. Such full-scale involvement of the community promotes continuity of prevention services in the event of staff and program changes or loss of funding.

The sixth case example also illustrates another important benefit of NSS use described in Delgado's report, namely empowerment of Hispanic/Latino families and communities. Using Hispanic/Latino NSSs provides indigenous role models for youth, makes them feel a part of a community that cares for them, decreases the isolation of their parents, and gives them support and hope for the future. The image of the community is thus enhanced as its members look to one another for problem solving, emphasizing the strengths and resources available within.

Given the many undeniable benefits of using NSSs in conjunction with existing services, how does one add these resources to the ATOD prevention program?

Strategies for Identifying and Accessing Natural Support Systems

Inventory the Community

Drive or walk around the area where your program participants reside with a person familiar with the community. Take note of the businesses, housing, churches, recreational facilities, and public transportation. Also, consider the qualitative aspects of the community:

- How noisy is it?
- Are the streets well lit?
- Are the streets patrolled?
- Do youth congregate around street corners, arcades, and liquor stores?

This inventory can reveal both the need for and impediments to prevention activities.

Think of the social, cultural, and economic characteristics of the particular Hispanic/Latino population you are serving. Is the population rural/urban, low/high income, low/high acculturation? Answers to these questions help you surmise the types of services the program participants use and the locations they frequent. For example, lower income urban Hispanics/Latinos are likely to use public transportation, laundromats, and check cashing services.

Below is a list of common Hispanic/Latino gathering places. How many exist in your community?

- Spanish markets and grocery stores (bodegas, tiendas, botánicas)
- Music stores and concerts (salsa, mariachi, merengue, etc.)
- Laundromats
- Day labor pickup sites
- Social clubs (billiard halls, dominoes tables, ice houses, coffee houses)
- Health clinics and agencies and WIC offices
- Travel agencies and places that arrange to send money to other countries, check lines in banks
- Place of publication of Spanish language newspapers and magazines
- Soccer games
- English language programs (Berlitz, Sanz)
- Spanish television, radio, newspaper, and consumer directories
- Public squares
- Ethnic and religious festivals
- Street fairs and health fairs
- Churches
- Remedial and adult education programs
- Advocacy agencies, other Hispanic/Latino community agencies (Legal Aid, La Raza)
- Schools and day care centers with high Hispanic/Latino enrollment

You can go to these places, observe who goes there, identify persons who seem to be informed, ask about why people go there, what kinds of help they might receive, and from whom. After this information gathering, you can generate a list for future use which will include the kinds of help sought and potential helpers. This list will also help identify the community's informal leaders.

Informal community leaders, activists, and helpers exist in every Hispanic/Latino community. These women, men, and youth are residents who act as helping resources for individuals and families. Such people are outside of the formal service provider network, but they are very important elements of the support system of an Hispanic/Latino family. Examples of some helpers are

- Women who live on the block or in the same building as the person or family that needs help. People go to these women because they have a lot of information about how to get things done in the community.
- Women or men who, on their own, are providing a temporary home, links to services for youth, or otherwise helping.
- Men who know how to effect change through the formal political system.
- Spiritualists *(espiritistas* or *santeras/os)* who work at home.

Whether such people exist in your area, and who they are, can be determined by asking on the block or in the locations identified above. You could also ask clients who they seek help from in the community and for what needs, and how they are helped. Clients may refer to these informal helpers as *compadres* or *asistentes sociales.*

Obtain Information on Clients' Use of NSSs

Once you have established a solid relationship with a program participant, determine when and how to best obtain information about your client's natural support systems. You may wish to add a separate background information form, specifically designed to assess NSSs, to client files or revise your existing forms to include information such as that on the sample Background Information Form (see Exhibit A).

Document the Natural Support Systems

You may want to maintain a resource book or filing system of NSSs. Maintaining comprehensive written documentation on each system will guarantee continuity of resources despite staff or program changes. A file on each NSS can include the information in the following forms.

Exhibit A

Background Information Form

Hispanic/Latino subgroup (check more than one, if appropriate):

- ❑ Mexican
- ❑ Cuban
- ❑ Puerto Rican
- ❑ Salvadoran
- ❑ Dominican
- ❑ Nicaraguan
- ❑ Honduran
- ❑ Colombian
- ❑ Guatemalan
- ❑ Other (specify): _____

Church membership/affiliation:

- ❑ Catholic
- ❑ 7th Day Adventist
- ❑ Pentecostal
- ❑ Jehovah's Witness
- ❑ Other (specify): _____

Use of folk healers:

- ❑ *Curandero*
- ❑ *Espiritista*
- ❑ *Santero*
- ❑ *Santiguador*

Household composition:

❑ Single ❑ Married ❑ Separated ❑ Divorced

_____ Number of children (Ages: _____, _____, _____, _____, _____)

_____ Total number of persons living in home

(List occupants:_____)

_____ Number of related persons living in home

(Specify relationship to you: _____)

Social Clubs/Recreation:

- ❑ Dominoes
- ❑ Sports (Specify which): _____
- ❑ Bingo
- ❑ Dance club
- ❑ YMCA
- ❑ Other (Specify): _____

School attending: _____

Schools children attend: _____

Number of adolescents not attending school: _____

Number of years of residence in the U.S.: _____

Exhibit B is a sample form for persons you have identified as members of an NSS. Before sending out this form, however, it is absolutely critical to assure these individuals that their confidentiality will be strictly protected. You should stress that neither this form nor any other documentation of their help as an NSS will be accessible to anyone without their consent. You can decide how they might best participate in the prevention program on the basis of their responses.

The next step is to arrange a meeting to begin establishing a relationship with the members of the NSS. At this meeting you may obtain the answers to the questions in Exhibit C, a more comprehensive form for *you* to complete. In addition to general logistical information, this form also asks you to record your impressions, concerns, and assessment of the support system's help-giving capacity.

Exhibit B

Natural Support System

Name(s) of support _____

Support's agency/business/organization_____

Age _____ Sex _____ Ethnicity _____ Religion_____

Address _____

Telephone_____

Description of support. (May include one or more of the following; please specify which and give brief description.)

Information:

Referral:

Financial:

Housing/food:

Interpreting:

Child care:

Tutoring:

Mentoring:

Counseling:

Advice giving:

Conflict resolution:

Community leadership:

Spiritual:

Other:

Availability/commitment

_____

Exhibit C

Natural Support Systems Information Gathering Form

I. Identifying Information

Name:
Address:
Telephone number: (or number of someone who can reach them):
Days and times for reaching person:
Languages spoken:

II. Type of Service Provided

A. Instrumental

1. Information:
2. Referral:
3. Financial:
4. Housing/food:
5. Interpreting:
6. Child care:
7. Tutoring:
8. Other (please indicate type):

B. Expressive

1. Counseling:
2. Advice giving:
3. Conflict resolution:
4. Community leadership:
5. Spiritual:
6. Mentoring:
7. Other (please indicate type):

III. Capacity To Provide Services

A. Accessibility of the Support System

1. *Logistical factors:* Is the support system outside of a catchment area? Is payment required? What are the hours and days of operation?

2. *Availability:* Is the support system at all stigmatized, and if so, does this limit its accessibility? In other words, if the particular NSS is not widely accepted by the community as a whole, which may be the case with certain folk healers and religious sects, will it be difficult for the client to regularly contact the NSS?

3. *Receptivity to working with agency:* Does the support system display a willingness to get involved with the agency? Are there concerns we must take into account?

4. *Client and family willingness to allow contact:* What is the client's willingness to share information, rally resources, and carry out intervention plans involving NSSs? Clients ultimately dictate the success or failure of using NSSs.

B. Help-Giving Capacity of Support Systems

This section should attempt to assess the support system's therapeutic capacity. A client's wish to involve support systems and these systems' willingness to help do not automatically make them therapeutic!

IV. General Information/Recommendations

This section should be open ended and provide the worker with an opportunity to write impressions, concerns, suggestions, and so on.

Source: Delgado, M. *Natural Support Systems as Substance Abuse Prevention Strategies Among High-Risk Hispanic Youth.* Rockville, MD: U.S. Department of Health and Human Services, Office of Substance Abuse Prevention. Unpublished manuscript.

Map the Community

The following activities may be helpful in developing a comprehensive guide to the NSSs in the community.

(1) Obtain a map of your community, and enlarge your service area using a photocopier. Then use a grid system to identify the individual blocks, and set up a visual coding system for important establishments, services, locations, and persons. The diagrams on the following pages give you an idea of what your map and grid should look like.

Your map can include

- Informal resources *(curanderos,* shop owners)
- Formal service system resources (schools, churches)
- Political boundaries (zones, wards)
- Transportation routes (bus lines, subway stops)
- Agency jurisdictional boundaries

The Census Bureau offers a variety of 1990 census maps. Among these are *county block maps,* which show census blocks and their numbers, other boundaries, physical features such as rivers, and landmarks. These maps are available by county with one or more map sheets each (ranging in size up to 36 x 42 inches), depending on the size, shape, number of blocks, and density of the block pattern. *Census tract/BNA outline maps* are also available. These depict census tract/block number area (BNA) boundaries and features underlying the boundaries, but do not include streets. You could use one of these maps as the basic map to which you would add information on the formal and informal service system resources cited above. For more information on these maps, or to order one, contact the Bureau of the Census, Customer Services, Washington, DC 20233, or call (301) 763-4100.

(2) Develop a narrative record of the natural support system to include

- Physical location of key community people, and their personal and professional characteristics
- Qualitative aspects of the area, including safety and accessibility

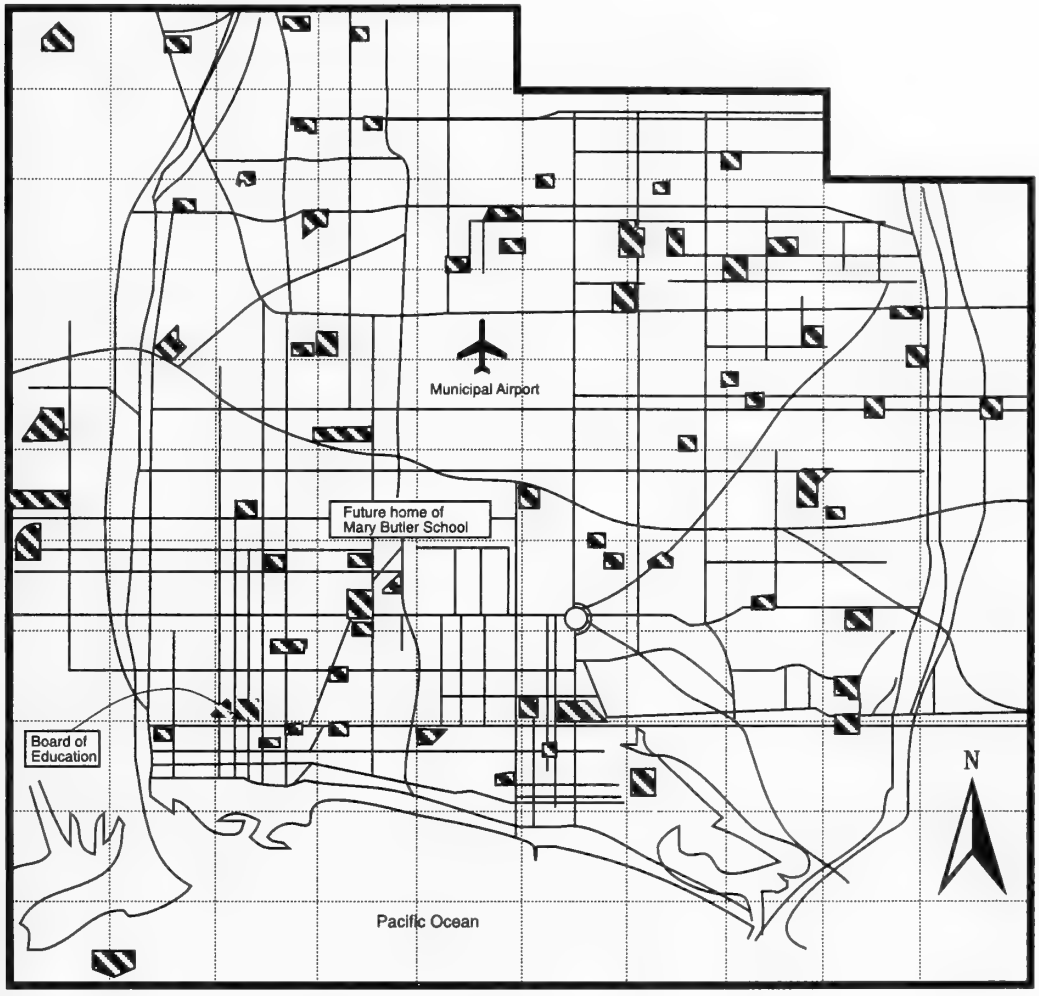
Sample Map

	A	B	C	D	E	F	G
1	Bus Stop, Liquor Store	Beauty Shop	Restaurant	Public Park	Bus Stop		
2	Grocery Store, Restaurant	Church, Grocery Store	Laundromat, School, Day Care		Medical Clinic, Liquor Store	Youth/Gang Hangout	
3	Liquor Store, Grocery Store, Public Park	Laundromat	Street Vendor, Beauty Shop, Youth/Gang Hangout	Grocery Store	Restaurant, Bus Stop, Empty Lot		Restaurant
4		Street Vendor, Community Center	Restaurant	Church, Refugee Center, Public Park	Restaurant	Curandero	
5		Day Care, Church	Bus Stop, Empty Lot	Liquor Store, Dept. of Social Services	School	Church	
6	Medical Clinic, Restaurant	School, Laundromat	Liquor Store	Empty Lot, Youth/Gang Hangout	Restaurant, Bus Stop		
7				Curandero			
8							

Legend:

Grocery Store, School, Day Care, Church, Laundromat, Dept. of Social Services, Beauty Shop, Restaurant, Youth/Gang Hangout

Medical Clinic, Street Vendor, Refugee Center, Bus Stop, Curandero, Public Park, Community Center, Liquor Store, Empty Lot



=School

Sample City Map—School Districts

Summary

Because of its distinct cultural values and orientations, the Hispanic/Latino community benefits most from a culturally sensitive prevention program that incorporates both formal and informal systems of support. This inclusive approach acknowledges the variety of factors that influence alcohol, tobacco, and other drug (ATOD) abuse and the social context in which it occurs. An integrated program that capitalizes on the strengths and resources of the community it serves is both culturally relevant and cost-effective. For all of these reasons, the most effective ATOD prevention work must be planned, organized, and implemented with full community participation. Furthermore, without this partnership between the community and external resources, the benefits of the comprehensive prevention program are less likely to continue once external funding ceases.

Collaboration with Hispanic/Latino natural support systems (NSSs) involves several steps.

1. Assess the NSSs. A background information form can be useful in determining the value of the various NSSs for each client. Keep in mind that the acculturation level of an individual will affect that person's use of NSSs.

2. Identify appropriate natural support providers and map their location in the community.

3. Build a relationship with identified NSSs.

4. Program collaborative activities with NSSs:

    a. sharing resources
    b. knowledge building and consultation
    c. outreach and community education
    d. counseling

These activities may start with a friendly dialogue about mutual interests and concerns and then proceed to sharing resources such as meeting space. The next step in planning collaborative activities is knowledge building and consultation.

Two examples of knowledge building and consultation are agencies helping NSS providers recognize signs of ATOD abuse and NSS providers helping staff understand cultural factors that must be considered in prevention services.

The third stage in programming collaborative activities is outreach and community education and information dissemination. Two examples of outreach and community education are NSSs cosponsoring community workshops and endorsing an agency's services and making referrals to the agency. The last stage in collaboration is counseling. Creating a support group for parents of youths using drugs illustrates how an NSS can enhance the professional help offered by an agency.

Although completing these steps for collaboration with Hispanic/Latino NSSs may initially require additional effort on the part of the agency, the rewards are effective.

Prevention works precisely because this collaborative effort results in a natural system of support that will remain in the community beyond the life of the grant. Prevention becomes more *cost-effective* because the community gains knowledge and skills in addressing the underlying social factors that influence ATOD abuse. And the community is *empowered* when it plays a major role in organizing, planning, and implementing the prevention program. The community sees itself as the solution rather than a contributor to the problem.

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Other Resources

The agencies and organizations listed below may be able to help you identify natural support systems in your community.

National Resources

Hispan-Am International
P.O. Box 3233
Washington, DC 20010
(202) 234-4636

The Hispanic Link
1420 N Street, NW
Washington, DC 20005
(202) 234-0280

Hispanic Policy Development Project
1001 Connecticut Avenue, NW
Washington, DC 20036
(202) 822-8414

Hispanic Yearbook
TIYM Publishing Co., Inc.
1489 Chain Bridge Road, Suite 200
McLean, VA 22101
(703) 734-1632

Hispanic Yellow Pages
8301 Greensboro Drive
McLean, VA 22102
(703) 903-9779

Ibero American Chamber of Commerce
2100 M Street NW, Suite 607
Washington, DC 20009
(202) 296-0335

LULAC National Headquarters
1600 East Desert Inn, Suite 207
Las Vegas, NV 89109
(702) 792-8161

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20857
(800) 729-6686

COSSMHO (National Coalition of Hispanic Health and Human Services Organizations)
1501 16th Street, NW
Washington, DC 20036
(202) 387-5000

National Council of La Raza
810 First Street, NE, Suite 300
Washington, DC 20002-4205
(202) 289-1380

National Hispanic Council on Aging
2713 Ontario Road, NW
Washington, DC 20009
(202) 265-1288

CSAP's Hispanic/ Latino Grantees

Arizona

Pasos Adelante
La Frontera Center, Inc.
502 West 29th Street
Tucson, AZ 86713
(602) 884-9920

Youth Plus: Substance Abuse Prevention Through Positive Socialization
Nosotros, Inc.
Arizona State University
440 North Grande Avenue
Tucson, AZ 85745
(602) 623-3489

Family Health Promotion Program
CODAC Behavioral Health Services
333 West Ford Lowell, Suite 219
Tucson, AZ 85705
(602) 327-4505

California

Program Shortstop
Orange County Bar Foundation
18400 Von Karman, Suite 280
Irvine, CA 92715
(714) 851-2570

Substance Abuse and Related Violence Prevention for Hispanics Project
Community Health Awareness Council
711 Church Street
P.O. Box 335
Mountain View, CA 94042
(415) 965-2020

Colorado

Sisnaagini: Recapturing the Wisdom
San Luis Valley Community Mental Health Center
1015 4th Street
Alamosa, CO 81101
(719) 589-3671

La Familia Community Drug & Alcohol Prevention Program
Denver Alternative Youth Services
1240 West Bayaud Avenue
Denver, CO 80223
(303) 698-2300

Say Yes First
University of Northern Colorado
Michner L-136
Greeley, CO 80639
(303) 351-1516

Connecticut

Teen Action Research Project
Institute for Community Research
999 Asylum Avenue, Suite 500
Hartford, CT 06105
(203) 278-2044

District of Columbia

Southwest Inhalant Drug Abuse Prevention Initiative
The National Coalition for Hispanic Health and Human Services (COSSMHO)
1501 16th Street, NW
Washington, DC 20036
(202) 387-5000

Florida

Family Interventions With High Risk Youth—Minority Interventions
University of Miami
1425 NW 10th Avenue
Miami, FL 33136
(305) 548-4592

Shenandoah in Action: A Barrio for Drug Free Children
University of Miami
1425 NW 10th Avenue
Miami, FL 33136
(305) 548-4592

Hispanic Family Development Project
Metro-Dade Dept. of Youth and Family Development
11025 SW 84th Street, Building 10
Miami, FL 33173
(305) 271-2211

Illinois

Logan Square Prevention Project
Youth Outreach Services
6417 West Irving Park Road
Chicago, IL 60634
(312) 777-7112

West Town Prevention Initiative Nuevos Futuros
Chicago Commons Association
915 North Wolcott Avenue
Chicago, IL 60622
(312) 421-3551

Massachusetts

Young Latinas
EDIC
43 Hawkins Street
Boston, MA 02114
(617) 635-3342

Project ESTEEM (Education, Service, and Team Building)
Education Development Center
55 Chapel Street
Newton, MA 02160
(617) 969-7100

ROCA Substance Abuse Early Intervention Project for High Risk Multi-Cultural Youths
ROCA
301 Broadway Street
Chelsea, MA 02150
(617) 889-5210

Michigan

LA CASA School Partnership Project
Latino Family Services
3815 West Fort Street
Detroit, MI 48216
(313) 841-3730

Puerto Rico

Helping Children and Their Families Face Drug Abuse
Puerto Rico Cooperative Extension Service
P.O. Box 668
Caguas, PR 00727
(809) 737-3424

G.I.P.S.Y. Program
Puerto Rico Dept. of Anti-Addiction Services
P.O. Box 21414
Rio Piedras, PR 00928
(809) 763-3133

Rhode Island

Project HOPE
Rhode Island Department of Substance Abuse
P.O. Box 20363
Cranston, RI 02920
(401) 464-2380

Texas

Escuelita Prevention Program
Mexican American Unity Council, Inc.
2300 West Commerce Street, Suite 300
San Antonio, TX 78207
(210) 978-0504

Bexar County Alternatives
Mexican American Unity Council, Inc.
2300 West Commerce Street, Suite 300
San Antonio, TX 78207
(210) 978-0504

La Familia Fuerte
West Dallas Community Centers, Inc.
8200 Brookriver Drive, N-704
Dallas, TX 75247
(214) 630-6281

S.T.A.R.S. Program
Schertz-Cibolo Universal City ISD
1060 Elber Road
Schertz, TX 78154
(214) 658-3535

Utah

Hispanic Youth Leadership Institute Prevention Program
Institute of Human Resource Development
205 West 700 South
Salt Lake City, UT 84101
(801) 521-4473

Centro de La Familia de Utah
Institute of Human Resource Development
205 West 700 south
Salt Lake City, UT 84101
(801) 521-4473

Prevention WORKS! ¡La Prevención FUNCIONA! Prevention WORKS! Prevention WORKS!
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